NWST-125813318 SERFF Tracking Number: State: Arkansas State Tracking Number: 40250 Filing Company: Northwestern Long-Term Care Insurance

Company

90-2243 LTC (0708) Company Tracking Number:

TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified

Product Name: 90-2243 LTC (0708)

90-2243 LTC (0708)/90-2243 LTC (0708) Project Name/Number:

Filing at a Glance

Company: Northwestern Long-Term Care Insurance Company

Product Name: 90-2243 LTC (0708) SERFF Tr Num: NWST-125813318 State: ArkansasLH TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 40250

Co Tr Num: 90-2243 LTC (0708) Sub-TOI: LTC03I.001 Qualified State Status: Filed-Closed

Filing Type: Advertisement Co Status: Reviewer(s): Stephanie Fowler Author: Jason Gross Disposition Date: 10/13/2008

Date Submitted: 09/12/2008 Disposition Status: Filed Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: 90-2243 LTC (0708) Status of Filing in Domicile: Pending

Project Number: 90-2243 LTC (0708) Date Approved in Domicile: Requested Filing Mode: Review & Approval **Domicile Status Comments:** Explanation for Combination/Other: Market Type: Individual Submission Type: New Submission Group Market Size: Overall Rate Impact: Group Market Type:

Filing Status Changed: 10/13/2008 Explanation for Other Group Market Type:

State Status Changed: 10/13/2008

Corresponding Filing Tracking Number: Deemer Date:

Filing Description:

We are submitting the forms listed above for your review and, if necessary, your approval, as advertising material for the Long Term Care Policy and related forms, which have been approved in your state.

It is intended for use by reps with the general public.

If you should have any questions regarding the enclosed forms, you may call me at (414) 665 4549 or e-mail me at jasongross@northwesternmutual.com. On e-mails that are sent, please copy

Company

Company Tracking Number: 90-2243 LTC (0708)

TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.001 Qualified

Product Name: 90-2243 LTC (0708)

Project Name/Number: 90-2243 LTC (0708)/90-2243 LTC (0708)

melissaalbrecht@northwesternmutual.com.

Sincerely,

Jason Gross, FLMI, AFSI, ACS Product Compliance Specialist

Actuarial Department

Company and Contact

Filing Contact Information

Jason Gross, Product Compliance Specialist jasongross@northwesternmutual.com

720 E. Wisconsin Ave. (414) 665-4549 [Phone] Milwaukee, WI 53202 (414) 665-5006[FAX]

Filing Company Information

Northwestern Long-Term Care Insurance CoCode: 69000 State of Domicile: Wisconsin

Company

720 East Wisconsin Avenue Group Code: 860 Company Type: Long Term Care

Rm S845

Milwaukee, WI 53202 Group Name: State ID Number:

(414) 665-4224 ext. [Phone] FEIN Number: 36-2258318

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation: \$25 per form. 2 forms

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Northwestern Long-Term Care Insurance \$50.00 09/12/2008 22467207

SERFF Tracking Number: NWST-125813318 State: Arkansas

Filing Company: Northwestern Long-Term Care Insurance State Tracking Number: 40250

Company

Company Tracking Number: 90-2243 LTC (0708)

TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.001 Qualified

Product Name: 90-2243 LTC (0708)

Project Name/Number: 90-2243 LTC (0708)/90-2243 LTC (0708)

Company

Company

Company Tracking Number: 90-2243 LTC (0708)

TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.001 Qualified

Product Name: 90-2243 LTC (0708)

Project Name/Number: 90-2243 LTC (0708)/90-2243 LTC (0708)

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	10/13/2008	10/13/2008

Company

Company Tracking Number: 90-2243 LTC (0708)

TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.001 Qualified

Product Name: 90-2243 LTC (0708)

Project Name/Number: 90-2243 LTC (0708)/90-2243 LTC (0708)

Disposition

Disposition Date: 10/13/2008

Implementation Date:

Status: Filed Comment:

Rate data does NOT apply to filing.

Company

Company Tracking Number: 90-2243 LTC (0708)

TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.001 Qualified

Product Name: 90-2243 LTC (0708)

Project Name/Number: 90-2243 LTC (0708)/90-2243 LTC (0708)

Item Type Item Name Item Status Public Access

FormLong-Term Care:Making a DifferenceFiledYesFormNorthwestern Long Term Care InsuranceFiledYes

Company Tax Facts

Company

Company Tracking Number: 90-2243 LTC (0708)

TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.001 Qualified

Product Name: 90-2243 LTC (0708)

Project Name/Number: 90-2243 LTC (0708)/90-2243 LTC (0708)

Form Schedule

Lead Form Number: 90-2243 LTC (0708)

Review	Form	Form Type Form Name	Action	Action Specific	Readability	Attachment
Status	Number			Data		
Filed	90-2243	Advertising Long-Term Care:	Initial		0	90 2243 LTC
	LTC (0708) Making a Difference				(0708).pdf
Filed	90-2384	Advertising Northwestern Long	Initial		0	90 2384 LTC
	LTC (0808) Term Care Insurance	Э			(0808).pdf
		Company Tax Facts				





We all paint a picture of what our life may look like as we advance in age. Sometimes these visions are based on what we've seen firsthand: the experiences of our parents, our grandparents, our friends. Most people have a story to tell of families who faced increasingly difficult decisions during a loved one's illness.

Everybody has a story to tell.

Purchasing a long-term care insurance policy can help you and your loved ones address many of the difficulties related to long-term care situations. But how?

Learn more about the benefits of long-term care insurance. To illustrate how QuietCare® (Northwestern Long Term Care Insurance Company's policy) works, we've developed a cast of fictional characters who have met the *need for long-term care* and incurred *qualifying expenses* as defined in their policies. These stories will help show you how a long-term care insurance policy could help with hypothetical problems that often arise in long-term care situations.

We hope that as you read their stories, you can better understand how long-term care insurance offered through Northwestern Long Term Care Insurance Company (Northwestern) can be used to dramatically improve the well-being of policyowners and their families.

But remember, this booklet offers only a brief overview of long-term care insurance. For more information or to discuss your personal situation and any concerns you have, please contact a financial representative who is a licensed insurance agent.

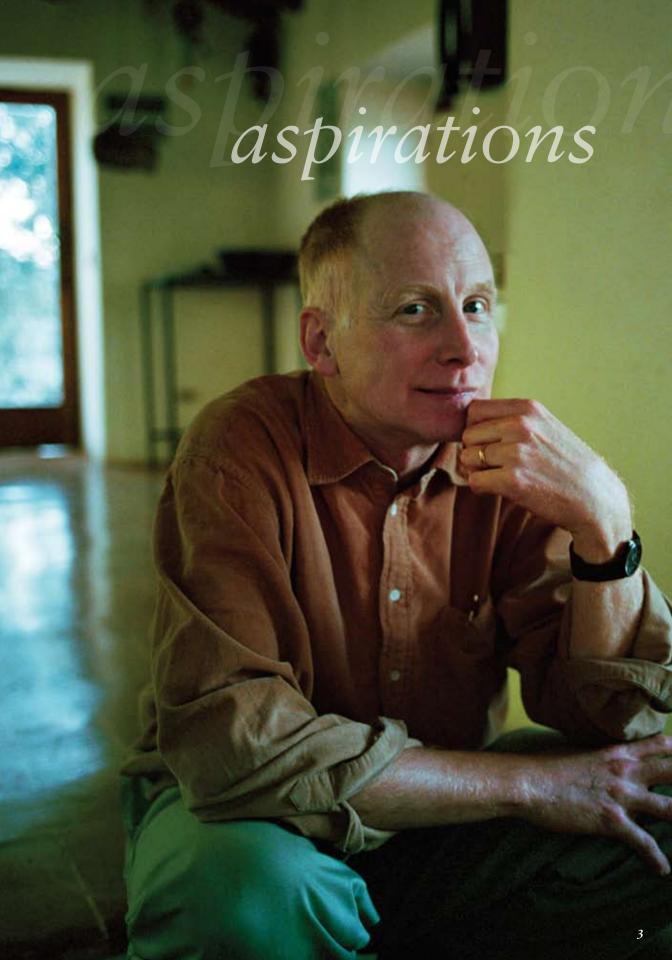
Words and phrases in italics are described in the last section of this brochure.

Alan has aspirations. Alan was a retail sales manager when he purchased his QuietCare® policy through a payroll deduction program at work. At age 45, he was diagnosed with Parkinson's disease. For a time he was able to maintain his normal activities. But later he began having great difficulty with everyday tasks. Within a few years Alan couldn't be as active as he wanted, and eventually he couldn't safely care for himself. His wife, Patricia, still worked full time and couldn't be home during the day to help him.

Alan contacted Northwestern to discuss his policy's benefits. That's when he and Patricia decided to hire a home health aide to come help him with his *activities of daily living* while she was at work. Over the course of a four-month period, Alan incurred expenses in enough weeks to satisfy his *elimination period*. After that, the cost for the home health aide was covered by his long-term care insurance. Thanks to the *waiver of premium* benefit, his premium payments were also covered as soon as he was determined to have a *need for long-term care*.

Eventually, Alan and his family determined that he'd be happier in a more social setting. Since Alan was agreeable to getting out of the house, he began going to an *adult day care facility* (also known as an adult day health care center). His long-term care policy benefits are enough to cover the daily rate for him to be there. Now he's busy once again meeting with new friends during the afternoons.

Patricia is less stressed knowing they selected a lifetime (unlimited) benefit period for Alan's policy. They know a lifetime benefit period provides an unlimited *benefit account value* that will pay for his care as long as he needs it. More importantly, the two now truly enjoy and appreciate their time together.





Beatrice stays connected. Beatrice has two grown daughters, Melinda and Anna, who live about an hour away. During their last visit, Melinda noticed that the refrigerator was almost empty and bills were starting to pile up. Beatrice also was losing track of conversations and looked somewhat disheveled.

After consulting with Beatrice's doctor, the sisters realized that their mother was experiencing rapid-onset dementia. They knew Beatrice would be more comfortable in an *alternate living facility* where she would be monitored daily but still have her own apartment.

About four months after Beatrice was settled in her new quarters, Anna and Melinda were sorting through a stack of their mother's old mail when they came across bills and a lapse notice for a long-term care policy they never knew their mother had bought. Concerned, Anna immediately called David, the financial representative (a licensed insurance agent) indicated on the paperwork.

David was happy to hear from Anna since his calls to their mother had not been returned. He explained that he had recommended and sold a long-term care policy with lifetime (unlimited) benefits to Beatrice years earlier. He reviewed the types of care the policy would pay for and the *reinstatement for unintentional lapse* provision. David put Anna in touch with a claims representative at the Northwestern home office who confirmed that since Beatrice's condition severely affected her cognitive abilities at the time of lapse, the family could pay the unpaid premiums and have Beatrice's policy reinstated for unintentional lapse.

The claims representative also explained that since the family had paid for Beatrice's care for the first four months she was in the facility, her 12-week *elimination period* was already satisfied. In addition, her reinstated policy would pay any benefits due from week 12 and continue to pay for her care indefinitely. There also wouldn't be any further premium payments due because of the *waiver of premium* benefit. The *bed reservation* benefit even allowed them to hold Beatrice's room while she stayed with them over the holidays. And now that Beatrice is well cared for, she manages to stay better connected with her family.

Frank finds power. Frank is a retired attorney and avid birdwatcher. He's well-known in the neighborhood for his friendly demeanor and generosity. Unfortunately, his advanced arthritis was making it difficult for him to be home alone. He was unable to stand up for long periods of time, and he became fatigued easily. Recently, he became prone to falling.

His neighbors were very supportive. They helped when they could, but Frank understood that expecting them to provide consistent care was unreasonable. So he contacted the claims staff at Northwestern, who helped him find a nearby independent home care agency. The agency's *licensed health care practitioner* developed a *plan of care* that recommended home health and *homemaker services* to assist Frank with his morning and evening routines.

The licensed home health aide, Donna, began coming for four hours in the morning and four hours in the evening to help Frank with bathing and dressing. She also helped keep the house tidy and prepared meals that would be easy for him to eat during the day. Frank paid for these services until the *beginning date*, at which time his policy began covering them.

While he was being cared for, Donna and Frank would discuss local goings-on and their shared interest in birdwatching. Now Frank no longer has to worry about who will be caring for him. And, thanks to Donna's help, he can put all his power back into being his amicable self.





Nancy is caring. Nancy always knew that her mother, Katherine, was forgetful. But Katherine's recent behavior was beginning to concern her. After her neighbors found Katherine wandering lost and confused in her neighborhood, Nancy took her mother to her doctor, who confirmed that Katherine was experiencing symptoms of Alzheimer's disease.

The information provided by the doctor helped Nancy and her mother understand the progressive nature of Alzheimer's disease and how Katherine could need care for many years. Knowing that her mother's long-term care policy had a *benefit account value* of \$131,400, Nancy considered their options, knowing that Katherine's \$120 *maximum daily limit* would only pay benefits for approximately three years.

She discussed the situation with her family to see if they supported a plan to have her mother move in with them. Nancy also opted to receive in-home training on Alzheimer's care. The \$300 charge for this training was covered under the *caregiver training benefit*, which was available to Katherine before her policy's *elimination period* had been satisfied. Nancy also learned that the *respite care* benefit could be used prior to the beginning date. That allowed Nancy to hire a licensed home care aide for her mother while she and her family went on a longanticipated trip to Florida. She used the benefit again later for a much-needed getaway weekend with her sister.

After a year of caring for her mother, the family hired a part-time caregiver to provide some additional help. A licensed home health aide began helping Nancy with her mother's care three days a week so that Nancy had more time to spend with her children and husband.

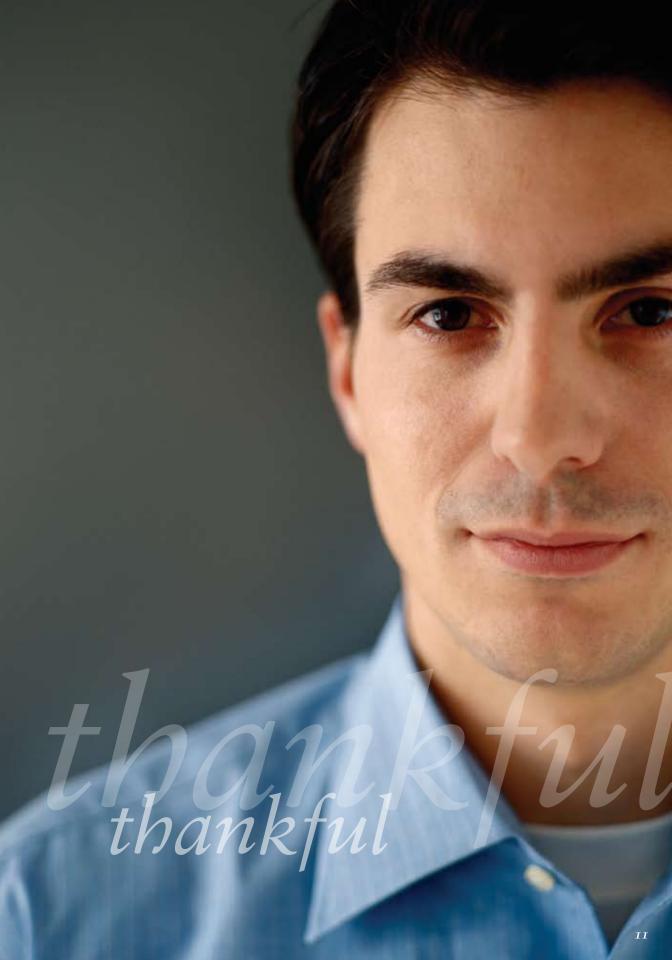
Once they paid for enough days of care to satisfy the *elimination period*, the policy began to cover her home care, and later, her nursing facility care. A few years later, when Katherine's *benefit account value* was used up, Nancy paid for her mother's care until she passed away. Nancy still has many loving memories about her mother. And she knows her caring made a real difference in Katherine's life.

Jason is thankful. Jason and his wife Stephanie both purchased QuietCare® policies through their employee benefits plan at the school where they were teachers. They had been looking forward to a relaxing spring break when Stephanie was diagnosed with breast cancer. Although Stephanie underwent aggressive cancer treatments, by the time summer arrived the cancer had spread to her bones. She was in pain and had difficulty finding the energy to bathe, dress, and take care of herself.

Jason contacted Northwestern to initiate a claim. Northwestern helped facilitate a benefit eligibility assessment, and a *plan of care* was completed by a registered nurse. The *plan of care* recommended that a home health aide come in the morning to assist her with getting bathed and dressed. It also called for a registered nurse to come in the afternoon to check her reactions to the chemotherapy treatments. The couple paid for each day of service until Stephanie satisfied her policy's *elimination period*, at which time the policy began covering the expenses.

By the time autumn had arrived, Stephanie's disease had advanced and Jason needed to return to work. At that time her physician certified her illness was terminal and she was moved to a *hospice care facility*. While Medicare often covers *hospice care*, Stephanie did not qualify for Medicare due to her age. However, under these circumstances, her QuietCare® policy covered her *hospice care* expenses under the *hospice care benefit.** Every night Jason would visit, and they would hold hands and talk. Ultimately, Jason cut back on his hours to be at Stephanie's side as she battled her disease. Today, Jason reflects on the good times they shared. And, he's thankful Stephanie was able to get the care she needed while being able to spend her last days with him.

^{*}Hospice care that is covered by Medicare is subject to the limitation for governmental benefits payable.





Marilyn feels confident. When Marilyn suffered a serious stroke, she lost most of the function on her right side and had difficulty speaking. However, she was confident that she could regain her physical abilities. Marilyn's son contacted Northwestern's claims area on her behalf. They worked with her doctor to set up a plan of care, which helped prepare the family for the steps required for Marilyn's rehabilitation.

Initially, Marilyn would need skilled care, which included physical therapy. So, after the hospital, she was admitted to a skilled nursing facility. The hospital stay for her acute condition, along with other criteria, enabled Marilyn to qualify for Medicare benefits for the early part of her nursing home stay.

Medicare covered Marilyn's first 20 days in the nursing home, and those days counted toward satisfying her 12-week *elimination period*. After that, Marilyn was responsible for a co-payment through day 100, so she satisfied her *elimination period* after her 12th week in the nursing home. Her long-term care policy then covered the expenses for the Medicare co-payment. After 100 days, Marilyn's Medicare benefits ended and her policy paid the full daily care charge for her care since her *maximum daily limit* was greater than the actual expenses. The \$230 daily care charge included daily room and board costs.

After a couple of months of home health care services for personal care, Marilyn was able to function independently at home. She was delighted to find out that if she needed long-term care at a later date, she would not have to satisfy her *elimination period* again. But thanks to the level of care she received early on, she's confident that she won't need care again for a while.



Carl has strength. Carl is a 40-year-old physician. He also was an avid bicyclist until he became partially paralyzed as the victim of a hit-and-run accident. After extensive rehabilitation, Carl was released to his home, where he's confined to a wheelchair and needs someone to assist him with personal hygiene, including bathing and using the bathroom.

Initially, a home health aide began caring for Carl during the day. Carl paid for these services until he satisfied his *elimination period*, and then his policy began paying benefits.



Later that year Carl felt he had the strength to stay at home with limited assistance, but this would require some home modifications. He and his doctor worked with the Northwestern claims staff, and all three parties agreed to an *alternate plan of care* benefit tailored for Carl that would upgrade his home to accommodate his special needs. A portion of Carl's *benefit account value* was used to pay a contractor to widen his bathroom door, install grab bars, and add a shower. And once more, Carl has found strength in knowing he can stay at home for years to come.

Everybody has a story to tell.

What is your story? How does it begin and how will it end? The truth is, nobody knows what tomorrow will bring. So, we talk with our families and our friends and do the best we can to plan for a future together. No matter what our circumstances are, we know that we can make choices along the way to have our needs met and our desires honored.

Long-term care insurance is a valuable tool to have in your corner. You and your loved ones may be able to use the policy benefits in many ways that are similar to the families we described in this booklet.

Contact your financial representative, who is a licensed insurance agent, to find out how the policy's benefits can help protect your financial and emotional well-being. Then compose a story your family can tell over and over again, and rest assured in our promise to be there for you when you need us most.



Guaranteed renewable

Your QuietCare® policy will stay in force as long as premiums are paid when due. The policy can neither be cancelled nor have its terms, other than premiums, changed by The Northwestern Long Term Care Insurance Company. Premiums may be changed only if the premiums for all policies of the same form in your class are changed. In most states, your state's insurance department must approve rate increases.

Exclusions and limitations

QuietCare® does NOT pay long-term care benefits for care that is:

- The result of substance abuse or dependency,¹ which includes drug and alcohol abuse or chemical dependency. (This does not apply to medications taken as prescribed by a physician.)
- Received outside of the United States or the country of Canada.
- Provided by an immediate family member unless the family member provides such care as an employee of a qualified home health care agency.
- Reimbursable under any federal, state, or governmental health care plan or law except Medicaid, unless required by law. The contract cannot reimburse expenses that are reimbursable, or would be reimbursable except for the application of a deductible or co-insurance amount, under Medicare only as a secondary payor. For determining the benefit payable, the insured's expenses will be reduced by the expenses subject to this limitation.
- Normally provided at no charge in the absence of insurance.

For costs and complete details regarding QuietCare® coverage, please contact your financial representative.

After issue, no exclusion will be made for pre-existing conditions.²
This is a general list of exclusions. However, state variations may apply.

This brochure is not all-inclusive. The policy provides a complete list of benefits, limitations, and exclusions. QuietCare® is an individual tax-qualified long-term care insurance policy that is medically underwritten.

Your state's insurance department may have additional information, including a buyer's guide, explaining long-term care insurance.

Northwestern Long Term Care Insurance Company • A subsidiary of The Northwestern Mutual Life Insurance Company • Milwaukee, WI www.nmfn.com

90-2243 LTC (0708)

Policy forms RS.LTC.(0708) and RS.LTC.ML.(0708). Form RS.LTC.ML.(0708) is only available in New Jersey, New York and Pennsylvania.



 $^{^{\}mbox{\tiny 1}}$ In Oklahoma, substance abuse or dependency is alcoholism and drug addiction.

² A pre-existing condition means a condition for which medical advice or treatment was recommended by or received from a provider of health care services, preceding the effective date of coverage.

Long-Term Care Terms. The following descriptions will help you to understand some of the terms found in the QuietCare® policy and used in this brochure. Your issued policy will provide more complete definitions and terms and conditions of coverage.

ACTIVITIES OF DAILY LIVING These six defined activities include eating, bathing, dressing, toileting, transferring (moving into or out of a bed, chair, or wheelchair), and continence (maintaining control of bowel and bladder function or, if unable to do this, performing associated personal hygiene).

ADULT DAY CARE FACILITY Provides community-based group programs and provides health, social, and related services (also known as an adult day health care center).

ALTERNATE LIVING FACILITY A facility that primarily provides ongoing care, sometimes in an apartment-like setting, on a 24-hour basis. Such facilities may include assisted living facilities, Alzheimer's care facilities, adult foster care and, in California, residential care facilities. It may be freestanding or part of a larger facility such as an adult congregate living facility.

ALTERNATE PLAN OF CARE A stay in a nursing home or alternate living facility might be avoided or postponed through the development of an alternate plan of care. Such a plan may reimburse costs for services and devices that could keep you in your home, such as durable medical equipment, home modifications, or long-term care services that did not yet exist when your policy was issued. A written agreement between a licensed health-care practitioner, yourself, and Northwestern is required.

BED RESERVATION If you are in a nursing home or an alternate living facility and temporarily leave for whatever reason, the policy covers charges up to the maximum daily limit if required by the facility to hold your space. This benefit can be used up to 30 days per calendar year (21 days in some states.)

BEGINNING DATE Benefits are payable as of the beginning date, which is the day following completion of the elimination period (see below).

BENEFIT ACCOUNT VALUE The maximum total amount payable under the policy for qualifying expenses. Determined by multiplying the amount of your selected maximum daily limit by the number of days in the selected benefit period. If you select a lifetime (unlimited) benefit period, the benefit account value is unlimited.

ELIMINATION PERIOD The elimination period is the number of weeks the insured incurs qualifying expenses before benefits begin to be payable. If you have at least one day of qualifying expenses during a calendar week (Sunday through Saturday), the entire week will count toward the elimination period. Once a week has been satisfied toward the elimination period, it does not need to be satisfied again. Not all elimination period options referred to in this brochure are available in all states.

CAREGIVER TRAINING BENEFIT A benefit amount equal to five times the maximum daily limit is payable for training an informal caregiver. This benefit can be paid prior to satisfying the beginning date; however, a day of expenses will not count toward satisfying the beginning date. The caregiver training benefit will not be paid to train a caregiver who will be paid to care for the policyowner.

HOMEMAKER SERVICES Support services necessary to remain in the home, such as meal preparation, laundry, light housekeeping, and supervision of taking medications. Incidental homemaker services by a home health care eligible provider are covered if provided pursuant to a plan of care by the same individual and on the same visit as other qualified long-term care services.

HOSPICE CARE BENEFIT Hospice care is intended for those in the final stages of needing care services. Hospice Care Services include inpatient and outpatient services that provide end of life care while alleviating the physical, emotional, and social discomforts of the terminally ill. The daily benefit will be payable prior to the Beginning Date if all other requirements for benefits are met and you are receiving hospice care. A licensed physician must certify the terminal illness and the length of the illness to be six months or less. Hospice care can be provided under a hospice care program that is state/federally certified and may be provided in the home, home of a friend, or home of a relative.

Hospice care that is covered by Medicare is subject to the limitation for governmental benefits payable. Reimbursed expenses for hospice care will not count in meeting the Elimination Period.

LICENSED HEALTH CARE PRACTITIONER Any licensed physician, any registered professional nurse, licensed social worker, or other individual who meets such requirements as may be prescribed by the Secretary of the Treasury, other than you or an immediate family member.

MAXIMUM DAILY LIMIT The maximum amount of daily benefit payable under the policy for expenses incurred for qualifying long-term care services from an appropriate provider of care as defined in the policy.

NEED FOR LONG-TERM CARE Within the last 12 months a licensed health-care practitioner has certified a need for either: (a) Hands-on or standby assistance from another person to perform at least two out of the six activities of daily living, for an expected period of at least 90 days due to a loss of functional capacity, or (b) Substantial supervision to protect the insured from threats to health and safety due to a severe cognitive impairment.

PAYMENT OF CLAIMS When Northwestern has received the necessary information required to pay benefits, we will determine the amount of daily benefit payable and pay benefits to reimburse qualifying expenses at least monthly. Benefits are paid directly to you or your estate.

PLAN OF CARE A written description developed by a licensed health care practitioner of your needs and a specification of the type, frequency, and providers of all formal and informal long-term care services required. This practitioner may be chosen by the policyowner or appointed by Northwestern, and if the insured elects the latter, development of the initial plan of care will be done at the company's expense. The plan of care is updated as the policyowner's needs change.

QUALIFYING EXPENSES Benefits are provided when Northwestern has determined that: you have a need for long-term care and your policy is in force expenses are incurred for qualified long-term care services from an appropriate provider of care such as a home health care agency, qualified independent care provider, adult day care facility, alternate living facility, or nursing home; satisfactory proof of loss has been provided to Northwestern; and the benefits are not subject to exclusion under the terms of the policy.

QUALIFIED LONG-TERM CARE SERVICES Any necessary treating, mitigating, and rehabilitative services, and maintenance or personal care services that are required due to a need for long-term care and are given pursuant to a plan of care prescribed by a licensed health-care practitioner.

REINSTATEMENT FOR UNINTENTIONAL LAPSE Your QuietCare* policy may be reinstated within five months after the end of the grace period if you provide proof that there was a need for long-term care at the time of lapse. Satisfactory proof must be provided at your expense, and all unpaid premiums must be paid. The policy will be reinstated as of the date of termination as if it never terminated.

RESPITE CARE Care provided by an appropriate provider of care, which is intended to give temporary relief to an informal caregiver. Benefits can be paid prior to the beginning date if all other requirements for benefits have been met. When respite care is paid, it does not count as a day of expenses for purposes of satisfying the beginning date. Respite care must be part of the plan of care. There is a maximum of 30 days per calendar year available (21 days in some states.)

WAIVER OF PREMIUM Premiums on your policy will be waived when you are determined to have a need for long-term care – either needing hands-on or standby assistance with at least two Activities of Daily Living or needing substantial supervision due to a severe cognitive impairment. Premiums will be waived until the next policy anniversary. If a premium is waived on the policy anniversary, the annual premium is waived. Premiums will not be waived after there is no longer a need for long-term care.



Northwestern Long Term Care Insurance Company Tax Facts

The federal government has provided tax incentives for the purchase of long-term care insurance (LTCi) that meets certain guidelines regarding product features and consumer protection procedures. These products are referred to as "qualified"

LTCi. This brochure addresses these types of policies.

LTCi premiums receive certain tax advantages described below. In many cases, these advantages are limited to eligible dollar amounts based on the taxpayer's age at the end of the calendar year. This amount is indexed each year for inflation. The eligible LTCi premiums for 2007 are as follows:

Attained Age	Eligible LTCi Premium		
40 or less	\$310		
41 to 50	\$580		
51 to 60	\$1,150		
61 to 70	\$3,080		
71 or more	\$3,850		



FOR AN INDIVIDUAL OR COUPLE

Individuals are able to include the eligible LTCi premium with their unreimbursed medical expenses on Schedule A of their personal Form 1040 tax filing. They can include the premium paid for their spouse and/or dependent(s) also. This amount is deductible once it exceeds 7.5% of adjusted gross income.

FOR THE SELF-EMPLOYED

Self-employed include sole proprietors, partners, members of a LLC, or more than 2% shareholders of an S corporation. They are able to include the eligible LTCi premium as a trade or business expense for themselves, their spouse and/or dependents.

FOR THE EMPLOYEE

Employees include non-owners, 2% or less shareholders of an S corporation, and shareholders of C corporations who are employed by the premium paying company. LTCi premiums paid by an employee are excludable from employee's income. The employer can also deduct the full LTCi premium as an expense as long as it is reasonable compensation.

ELIGIBLE EMPLOYEES

Employers may select a group of employees to receive the LTCi benefit. It is possible to discriminate but best to avoid groups based on gender, age, race and/or ownership status¹.

HEALTH SAVINGS ACCOUNTS (HSA)

For those with a high deductible health care plan and an HSA, eligible LTCi premiums are considered a qualified medical expense withdrawal from the HSA, but not on a tax-favored basis.

GIFT TAX EXCLUSION

It is possible to exclude from gift taxes the eligible LTCi premium for family members. Premiums paid for a family member in excess of the eligible LTCi premium will impact the annual \$12,000 gift tax exclusion.

¹Employee Retirement Income Security Act of 1974 (ERISA)

It is possible that an employer-based LTCi Plan is subject to ERISA's requirements as a welfare benefit plan.

90-2384 LTC (0808) continued...

LIMITED PAY PREMIUMS

Some LTCi policies are payable for a predetermined number of years then no further premiums are due. There is no IRS ruling on whether the full premium is a deductible expense.

CAFETERIA PLANS (IRC SECTION 125(F)), HEALTH REIMBURSEMENT ARRANGEMENTS (HRA) AND FLEXIBLE SPENDING ACCOUNTS (FSA)

LTCi premiums cannot come from a cafeteria plan, an HRA or an FSA on a tax-favored basis. This is also true for premiums from an Individual Retirement Account (IRA) or 401(k).

NON-PROFIT AND NOT-FOR PROFIT ORGANIZATIONS

The full LTCi premium paid by the non-profit organization for an employee is excluded from employee's income and is reported to the IRS as part of the organization's expenses. There is no deduction because the organization pays no taxes.

BENEFITS RECEIVED

Regardless of how the LTCi premium is paid, the benefits received from an LTCi policy are not considered taxable income. The only exception is with a per diem policy that pays a high benefit in excess of the actual cost of care (\$260 per day in 2007) adjusted for inflation.

GLOSSARY OF TERMS

Cafeteria plans (IRC section 125(f))

Some employers set aside a certain dollar amount that allows employees to mix and match fringe benefits that fit their personal needs. The employee can choose to use these funds for tax-free benefits (such as life, health, disability, dental and vision insurance, and dependent care) or as taxable income.

Flexible Spending Accounts (FSA)

Employees and/or employers can contribute to the FSA using pre-tax income. The contributions are determined at the beginning of the year and cannot change. The employee is reimbursed from the account for specified medical expenses. Any money left in the account at the end of the year is forfeited.

Gift Taxes

Some individuals and families find passing part of their assets while living an effective estate planning strategy. The annual gift tax exclusion is \$12,000 per donee plus medical expenses – which include LTCi premiums. The donor simply pays the LTCi premium for the donee.

Health Reimbursement Arrangements (HRA)

Using employer's funds, employees are reimbursed for substantiated medical expenses (deductibles, coinsurance and co-payments) including the costs for health insurance. Funds in an HRA can carry over from year to year and stay with the employer when the employee leaves the company.

Health Savings Accounts

Health Savings Accounts (HSAs) are available to those individuals and families who have a high-deductible health insurance plan. The idea is that consumers will pay out-of-pocket for their initial health care needs using money in their HSA account until the insurance deductible is met. Contributions to the HSA are excluded from an employee's income and distributions for qualified medical expenses are tax-free.

The maximum amount that can go into an HSA each year is the lesser of the insurance deductible and the indexed limit of \$2,850 for individuals and \$5,650 for families (for 2007). Employees and/or employers can contribute to the HSA. Individuals own the account and unspent amounts remain in the HSA over time where interest is earned on the account without taxation.

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Company

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Rate Information

Rate data does NOT apply to filing.